

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3011ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2009
NAME OF PROVIDER OR SUPPLIER TENAYA SURGICAL CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 NORTH TENAYA WAY, SUITE 101 LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure health and life safety code survey conducted in your facility on 6/15/09 and finalized on 6/30/09, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	A 00		
A112 SS=E	<p>NAC 449.9855 PERSONNEL</p> <p>2. Each employee of the center must: (a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 7 of 16 employees (Employees #4, 5, 6, 7, 8, 12, and 15) had evidence of a two-step tuberculin skin test or evidence of an X-ray to rule out active disease and 6 of 16 employees (Employees #5, 7, 8, 11,</p>	A112		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A112	Continued From page 1 13, and 15) did not have evidence of a preemployment physical examination. Severity: 2 Scope: 2	A112			
A114 SS=B	NAC 449.9855 Personnel 3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation: (a) A job description that: (1) Includes the duties and responsibilities of, and the qualifications required for, the position held by the employee. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 7 of 16 employees (Employees # 4, 5, 6, 8, 9, 11, and 12) had a signed copy of their job description in their personnel file. Severity: 1 Scope: 2	A114			
A122 SS=B	NAC 449.9865 Medical Staff 4. A roster of the surgical privileges of each member of the medical staff must be kept in the files of the operating room, specifying the privileges accorded him. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to have a roster of surgical privileges for each member of the medical staff in the files of the operating room. Severity 1 Scope 2	A122			

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A141	Continued From page 2	A141			
A141 SS=D	<p>NAC 449.989 Medical Records: Contents</p> <p>The medical record of each patient must be complete, authenticated, accurate and current, and must include the following information:</p> <p>4. Documentation that the patient has been given a presurgical evaluation conducted by a physician within the 7 days immediately preceding the date of the patient's surgery.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure a presurgical evaluation was conducted by a physician within the 7 days immediately preceding the date of surgery for 1 of 13 patients (Patient #9).</p> <p>Severity: 2 Scope: 1</p>	A141			
A146 SS=D	<p>NAC 449.989 Medical Records: Contents</p> <p>The medical record of each patient must be complete, authenticated, accurate and current, and must include the following information:</p> <p>9. A report of any operation performed on the patient, prepared by the surgeon.</p> <p>This Regulation is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure each medical record included an operative report for 2 of 13 patients (Patients #4 and #13).</p> <p>Severity: 2 Scope: 1</p>	A146			
A173 SS=C	<p>NAC 449.992 Pathological Services</p> <p>3. A list of tissues that do not routinely require microscopic examination must be approved by a pathologist and made available to the laboratory and the members of the medial staff.</p>	A173			

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A173	Continued From page 3 This Regulation is not met as evidenced by: Based on policy review, the facility failed to provide evidence of pathology approval of the exempt specimen list. Severity: 1 Scope: 3	A173			
A174 SS=D	NAC 449.992 Pathological Services 4. Reports of examinations of tissues must be authenticated by the examining pathologist. The original report must be filed in the medical record of the patient. This Regulation is not met as evidenced by: Based on medical record review and interview the facility failed to ensure pathology reports for examination of tissue was on the medical record for 1 of 13 patients (Patient #4). Severity: 2 Scope: 1	A174			
A234 SS=E	State and Local Laws NAC 449.9843 Compliance with standards of construction. 4. An ambulatory surgery center shall comply with all applicable: (a) Federal and state laws; (b) Local ordinances, including, without limitations, zoning ordinances; and (c) Life safety, environmental, health, building and fire codes. If there is a difference between state and local requirements, the more stringent requirements apply.	A234			

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A234	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Your facility was surveyed using the National Fire Protection Association (NFPA) 101 Life Safety Code, 2006 edition, Chapter 21 Existing Ambulatory Health Care Occupancies.</p> <p>The following deficiencies were identified:</p> <p>21.3.5 Extinguishment Requirements</p> <p>21.3.5.3 Portable fire extinguishers shall be provided in ambulatory health care facilities in accordance with 9.7.4.1.</p> <p>9.7.4.1 Where required by the provisions of another section of this Code, portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>NFPA 10 Standard for Portable Fire Extinguishers</p> <p>4-4 Maintenance</p> <p>4-4.1 Frequency. Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection.</p> <p>Based on record review, the facility failed to maintain their fire extinguishers annually for 1 of 4 fire extinguishers in the facility.</p> <p>The fire extinguisher located in the corridor entering the pre-operative area was dated 3/27/09.</p> <p>Severity: 2 Scope: 2</p>	A234			

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